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EDITOR'S MISCELLANY



A CRUSADE FOR A THOUSAND EYES—HOW NEW YORK'S DEPARTMENT OF HEALTH IS TRYING TO PUT AN END TO TRACHOMA AMONG THE CHILDREN OF THE CITY.—When the Commissioner of Health, Dr. Ernst J. Lederle, took up the subject of trachoma, or contagious eye disease, in the schools in the late spring of 1902 it was to all intents and purposes a forgotten subject, of interest only to a few eye specialists in the dispensaries, who realized the extent to which the disease had spread, and its danger to the younger generation of New York City. A few physicians were interested in the eradication of trachoma, but almost nothing was known popularly regarding its extent.

While I do not, of course, attempt to speak of trachoma technically, as that is peculiarly the province of the physician, the layman can safely utter a few facts regarding the disease. The first of these seems to be the fact that it is almost always an accompaniment of filth, and is generally more prevalent among people whose standard of cleanliness is not high. It has always been endemic in parts of Europe, and historians tell us that it was brought back in epidemic form by Napoleon's soldiers from Egypt after his campaign there. Those who have seen the blind beggars of the Nile country need not be reminded how great a scourge the disease can become. In the United States the disease undoubtedly had its origin with immigrants, especially in recent years, when this immigrant influx has been drawn to such an extent from the dirtier and more degraded elements on the Continent. Trachoma spreads rather slowly, and for that reason its transmission from one person to another in this country has been gradual. More marked, of course, in tenement districts, for obvious reasons, the spread of the disease has not been confined to those districts, but is found in other sections of New York City generally supposed to be rather high in the scale of cleanliness.

As a result of neglect by the municipal authorities, extending over a considerable period of years, a very large number of cases had undoubtedly accumulated in New York, afflicting persons of all ages. Medical inspectors of the Department of Health have frequently been confronted with the statement of parents that their children "needed no treatment for sore eyes," that "they themselves had had sore eyes all their lives, and their fathers before them." This experience is many times repeated on the East Side, where whole families are afflicted with the disease. This condition of affairs obtained early in June last, when, at the suggestion of Dr. Richard H. Derby, a member of the Medical Advisory Board of the Health Department, Commissioner Lederle decided to take up the question of trachoma to see whether anything could be done to check its spread in the schools and secure the treatment and cure of persons thus afflicted.

The first step was to get an idea of the conditions. To do this, a special corps of a dozen physicians was selected, which, with four or five from the Department of Health, made an examination of about fifty-five thousand children in various public schools more or less typical of different city districts. The results of this examination were surprising, even to those who had some knowledge of the conditions. The Health Board had known, for example, that at certain times in some public institutions as many as fifty per cent. to seventy-five per cent. of the children were afflicted with trachoma, but it was thought that this represented extreme conditions. The board was astonished, therefore, to learn

that in some public schools from twenty per cent. to thirty per cent. of the scholars had trachoma in one or another stage of the disease, and were, of course, gradually infecting others. This examination lasted during the final fortnight of the public-school sessions in June, and showed plainly that the work of fighting trachoma should be taken up at once and vigorously. Other schools were found to be in much better condition than the one referred to, but the average of the schools examined indicated that almost exactly twelve per cent. of these fifty-five thousand children had trachoma. Adapting these figures to the total number of school children in New York City gave rather roughly an idea of the extent of the work to be done.

If any confirmation had been necessary regarding the extent of trachoma, it might have been gained from an examination of patients in the public baths. This examination was made last summer by specialists in the employ of the Health Department, and it was found that in some baths fully fifty per cent. of the bathers were affected with the disease. It was found to be more prevalent there among the boys and men than upon the women's side of the baths. The explanation of this high percentage in the public baths is, I think, to be found in the fact that cleanly persons in the tenement districts avoid these baths, knowing that many people whom they meet there are very apt to be diseased. On several occasions, after having been at one of the beaches for a swim on a summer afternoon, I have gone down on the East Side to one of the settlements and asked the boys whether they, too, went swimming. Some said they did not know how to swim; others that they did not like to go to public baths because the baths were dirty and the people who went there were not "nice." Evidently their dread of catching trachoma was all but instinctive. It was unfair, too, to expect them to use and enjoy the public bath facilities in the form in which they have been offered. I venture to say that these baths have never been kept as they should. Certainly they were not so kept last summer, for the Board of Health had occasion to call the attention of the borough president to that matter, and to show him that in certain cases his subordinates in the Bureau of Public Buildings were leaving the bath-houses filthy and the closets attached to them foul with excrement. No wonder tenement dwellers who strive to keep themselves clean avoid such places.

When the Health Department on the opening of the public schools in September reorganized its division of medical school inspection, it was recognized that the fight against trachoma must be an important part of the work. The physicians who were to do the work of medical inspection were especially instructed as rapidly as could be in making a diagnosis of trachoma, Dr. Derby having voluntarily organized temporary classes for these inspectors at the New York Eye and Ear Infirmary. On the day the schools were opened every school was "covered by medical inspection," and during the first week a very large number of children were excluded, not only because of trachoma, but for major and minor contagious affections more generally recognized as an unfortunate but prevalent concomitant of public-school instruction. When I say that more children were excluded for contagious disease the first week of the current school year than had been excluded in the entire school year previous, it will be understood that the work of school inspection no longer remained a mere formality. In previous years it had been the practice of the school inspectors to examine only the pupils set aside by the teacher or principal as sickly. The absurdity of leaving questions of diagnosis to a layman would seem to be apparent,

though, strangely enough, it had never aroused any comment previous to last year.

Trachoma cases were excluded in great numbers, but readmitted to school as soon as they were under treatment. The departmental physicians directed the children to go either to their private physicians or to dispensaries for treatment, but in a short time it was evident that the existing dispensaries could not handle the work. Some of them showed an increase in the number of trachoma cases treated which was enormous, the increase in one institution being no less than fourteen hundred per cent. and in another nine hundred per cent. Obviously, existing facilities were inadequate. Physicians from all the large dispensaries met at Commissioner Lederle's office one day late in November, and nearly all of them reported that if they were to be called on to treat so much trachoma they must have extra funds from the city. The New York Eye and Ear Infirmary actually shut down one of its other departments in order to avoid going further into debt. But getting money from the city was doubtful, and in any case it meant serious delay, for the Board of Estimate and Apportionment and the Board of Aldermen are still "deliberative bodies;" so a short cut was devised.

On Thursday afternoon, December 11, Commissioner Lederle telephoned to President Brannan, of the Board of Trustees of Bellevue and Allied Hospitals, and asked him if he could lend the Department of Health any building for use as a trachoma dispensary. Dr. Brannan replied that he could not think of any available place, but would try and find one. That night he telegraphed to Commissioner Lederle to call him up next day, and by Friday afternoon the building had been inspected and the necessary orders issued. On Saturday two wards and an operating-room in the old Gouverneur Hospital were cleaned and painted, and Dr. Brannan ordered the furniture for them. On Monday a second coat of paint was applied and the furniture installed, and on Tuesday morning, December 16, the new dispensary was opened with nurses from Bellevue and the Health Department, and surgeons skilled in trachoma operations under the employ of the Department of Health.

Since that time the new dispensary has treated several times as many cases of trachoma as any one of the existing dispensaries in this city. At this writing, February 2, there have been treated and are under treatment sixty-three hundred persons, practically all of them children from the public schools. As soon as they have been placed under treatment they go back to school bearing a card showing that they are under the care of the Health Department and are no longer dangerous to their schoolmates. The department has on its dispensary roll as new cases upwards of seventeen hundred who have cards admitting them to treatment, but whom it has not yet been able to treat. Besides this, it has operated upon about five hundred cases which were in the stage requiring operation. The operation is a very painful one, involving the use of anæsthetics, and this entails in most cases the retention of a patient in a ward over night. The figures given show plainly that there is room for still another dispensary devoted entirely to trachoma work.

If this work is continued, there is no reason why trachoma should not be stamped out in New York City. The Commissioner of Immigration, William Williams, is using his best efforts to keep out new cases of trachoma, and there is a highly satisfactory degree of coöperation between the Immigration Bureau and the Department of Health. Under these conditions the fight against trachoma can hardly fail to be successful.—R. C. W. WADSWORTH, in *Charities*, February 7, 1903.